MULTIPLE DEPENDENT CLAIM SERVAL NO. MILINO DATE 10/558937 FEE CALCULATION SHEET APPLICANT(8) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AS FILED AFTER. I AMCKDMENT 3 MANEKDMEKT CAMENDAIDHT 2 MANUFACKT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 57 <u>53</u> 54 55 58 59 10 60 11 61 12 62 13 14 15 16 64 . 65 · 17 97 18 19 68 69 20 · .70 21 22 23 71 72 73 24 25 74 75 76 26 27 77 78 <u> 19</u> 30 7<u>9</u> 80 31 81 32 82 33 34 **83** · 84 35. 85 36 86 37 87 88 39 89 90 <u>92</u> 93 43 94 95 46 96 47 48 49 97 98 99 100 50 TOTAL BYD. 1 1 TOTAL IND . Total dep TOTALDE

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